

## California Department of Public Health Food and Drug Branch



## COTTAGE FOOD OPERATION REQUEST TO ADD FOOD PRODUCT TO THE APPROVED FOOD LIST

Name of Cottage Food Operation:			Name of Operator:		
DBA:			Contact phone number:	Email address:	
Facility Address:			CFO registration/permit number(s):		
City:	State:	Zip:	County:	County:	
	I				
Name of food produc	ct:				
Brief description of fo	ood product, method of prod	duction, and packaç	ging:		
				_	
Please do not ensure that the	submit recipes or	formulations safe for produ	uction in a cottage food	oduct being requested. be evaluated by CDPH to operation. Submission of	
	I	Departmer Food and Dro Retail I P.O.	Applications to: Int of Public Health Int of Public Health Int of Program Int of Program Int of Program Int of Post of		
	Oı	by e-mail to	fdbinfo@cdph.ca.gov		
	If you have any	additional qu	estions, please call (91	6) 650-6500.	
PLEASE DO NOT W	/RITE BELOW THIS LINE				
Date Received:			Tracking Number:		